



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400001 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: ITALIAN AMERICAN CITIZENS CLUB  
 DOING BUSINESS A  
 ADDRESS 23 ALLEN LANE  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: RUSITO, PAUL TYPE OF LICENSE: Club CATEGORY: All Alcohol  
 JOHN

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 2 FLOORS; UPSTAIRS HALL, DOWNSTAIRS KITCHEN AND CHECKROOM; MAIN ROOM FOR BAR AND STOCK ROOM, TWOR FRONT ENTRANCES ON ALLEN LANE AND THREE DOORS AT REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400002

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PMA BEVERAGE SERVICES, II

DOING BUSINESS AS HILTON AT DEDHAM PLACE

ADDRESS 25 ALLIED DRIVE

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: CASHMAN,  
ELIZABETH

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE STORY HOTEL 249 RMS DIN RM COT LOUNGE FUNCTION RMS AND REST.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400003

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MIDLAND HOTEL CORP.

DOING BUSINESS A DEDHAM HOLIDAY INN

ADDRESS 55 ARIADNE RD.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: CARTER, STEVEN TYPE OF LICENSE: Innholder  
 J.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

8 STORY HOTLE CONSISTING OF 203 GUEST ROOMS, 86 SEAT BREAKFAST ROOM, 6 FUNCTION ROOMS, LOBBY, KITCHEN, POOL AREA, 180 SEAT REST. FULL KITCHEN, MEZZANINE, VARIOUS STORAGE AREAS, NUMEROUS ENTRANCES/EXITS. HOTEL LOBBY, REST LOBBY, SIDE REAR, AND FRONT OF BUILDING OF FUNCTION AREA.

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SIGNED BY

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400004

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EDWARD DEVINCENZO

DOING BUSINESS AS MOSELEY'S ON THE CHARLES

ADDRESS 50 BRIDGE ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF ONE LARGE ROOM AND CELLAR WITH ONE ENTRANCE AND FOUR EXITS; FRONT AND REAR OF BUILDING. 2 BARS FIRST FLOOR AND BASEMENT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400005

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIDGEVIEW, INC.

DOING BUSINESS AS BRICK HOUSE CAFE

ADDRESS 107 BRIDGE ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: MARINO,  
VINCENT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM BAR AND KITCHEN ON FIRST FLOOR; BASEMENT FOR STORAGE ONLY WITH SIDE ENTRANCE ON BREEDE TERRACE; REAR EXIT TO YARD OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400006

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IRISH ALEHOUSE INC., THE

DOING BUSINESS A

ADDRESS 0002-4 BRIDGE ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: SKEHILL,  
MAUREEN A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE STORY BUILDING, CONSISTING OF A DING ROOM A POR CH, A LOUNGE, A LOBBY, A FUNCTION ROOM, TWO FRONT ENTRANCES, TWO SIDE ENT. FROM THE PARKIG LOT, ONE ENTRANCE TO THE KITCHEN, AND ONE ENTRANCE FOR DELIVERY AND STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400007 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: UNO RESTAURANTS, LLC.  
 DOING BUSINESS AS PIZZERIA UNO RESTAURANT AND BAR  
 ADDRESS 270 VFW PARKWAY  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: OZCAN, ARVIK TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 BABAKHANLOV

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR DINING RM. LOUNGE; BAR; RESTROOMS; KITCHEN, OFFICE, 2 WALK-IN COOLERS, WALK-IN FREEZER, FOOD PREP. AREA, LAUNDRY AREA & STORAGE ROMS. 3 WAYS OF ACCESS TO RESTAURANT, ENTRANCE ON NE SIDE OF BLDG. ADDED 12X80 WOOD DECK FOR SEASONAL OUTDOOR USE WITH ADDED 40.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400009 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: TAHITI REST. INC.  
 DOING BUSINESS A  
 ADDRESS 22 MAH WAY  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: MAH, HARRY S. N. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 ONE FLOOR CONSISTING OF ROOM FOR BAR, ROOM FOR KITCHEN STORAGE, DINING ROOM AND MENS AND LADIES RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400010

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B.B. & B CORPORATION

DOING BUSINESS AS TGI FRIDAY'S

ADDRESS 750 PROVIDENCE HIGHWAY

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: MACDONALD,  
BRUCE A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY MASONRY AND WOOD BUILDING APPROXIMATELY 6.800 SQ.FT. WITH THREE EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: **027400011** CITY OR TOWN **DEDHAM**  
 APPLICATION FOR RENEWAL: **Annual** LICENSED FOR **2013**  
 CLASS YEAR  
 LICENSEE NAME: **U.S.S. JACOB JONES POST INC.#2017 V.F.W.**  
 DOING BUSINESS A  
 ADDRESS **84 EASTERN AVE.**  
 CITY/TOWN: **DEDHAM** STATE: **MA** ZIP CODE: **02026**  
 MANAGER: **McQuaid, Dana L** TYPE OF LICENSE: **Veterans club** CATEGORY: **All Alcohol**  
 EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:  
**ONE STORY BLDG WITH 6 EXITS; IN FOUR ROOMS WITH OFFICE AND KITCHEN; ONE ROOM FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

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DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400012

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEDHAM POST #18 AMERICAN LEGION

DOING BUSINESS A

ADDRESS 155 EASTERN AVE.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: LYONS, ROBERT TYPE OF LICENSE: Club  
 W.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN HALL WITH 2 ENTRANCES IN FRONT; TWO EXITS IN REAR, ONE STORY BLDG WITH CLUBROOMS ADJACENT TO MAIN HALL; IN A 2 STORY BLDG WITH 3 ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400013

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEDHAM K&L, INC.

DOING BUSINESS AS BUCA DI BEPPO

ADDRESS 235 ELM ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: RAGGIANI, VINCE TYPE OF LICENSE: Innholder  
 NO "ENZO"

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

HOTEL WITH 3 FLOORS; 1ST FLR WITH 13 ROOMS, 2ND WITH 37 ROOMS; 3RD FLOOR-44 ROOMS; DINING ROOM/RESTAURANT; KITCHEN, LOUNGE, RECEPTION ROOMS, TERRACED AREAS 42 ROOMS IN WEST WING, . BASEMENT FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400014

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M.I.T. ENDICOTT HOUSE

DOING BUSINESS A

ADDRESS 80 HAVEN STREET

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: FITZGERALD,  
MICHAEL R.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

IN 2 BLDGS; ENDICOTT HOUSE WITH 4 FLRS; AND BROOKS CENTER WITH THREE FLOORS. Terrace and sunken garden

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400016

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Pepper Dining, Inc

DOING BUSINESS AS CHILI'S GRILL & BAR

ADDRESS 930 PROVIDENCE HWY.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: GARCIA,  
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BLDG CONSISTING OF BASEMENT STORAGE AND OFFICE. FIRST FLOOR;  
 DINING ROOM AND LOUNGE. SECOND FLOOR DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400017 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: BBRG DEDHAM TR LLC  
 DOING BUSINESS AS JOE'S AMERICAN BAR & GRILL  
 ADDRESS 985 PROVIDENCE HWY.  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: FORBES, DAVID TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 ONE STORY STRUCTURE, FIRST FLOOR, DINING ROOM, COCKTAIL LOUNGE ,KITCHEN,  
 OFFICE AND STORAGE. CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400018

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ECONO TENNIS MANAGEMENT CORP.

DOING BUSINESS A DEDHAM HEALTH & ATHLETIC COMPLEX

ADDRESS ROUTE 1(DEDHAM MALL)

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: LEMPERT,  
STEPHEN M.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOUNGE AREA AND MEZZANINE LEVEL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400019

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOUR ROADS, INC.

DOING BUSINESS AS THE VILLAGE MANOR

ADDRESS 427 SPRAGUE ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: GAFFEY, JOSEPH P. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE-STORY WOOD FRAME PREMISES FUNCTION ROOM IN BASEMENT. MAIN CUSTOMER EXIT ENTRANCE IS FROM SPRAGUE ST. FUNCTION ROOM TO DURHAM RD.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400020

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHACK FOODS OF AMERICA

DOING BUSINESS AS SUMMER SHACK

ADDRESS 850 PROVIDENCE HIGHWAY

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: WHITE, JASPER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT FACILITY WITH DINING AREA, LOUNGE, AND KITCHEN.  
 FRONT ENTRANCE AND SIDE EXIT FOR EMERGENCIES. REAR ENTRY FOR DELIVERIES.  
 HANDICAP RESTROOMS FOR MEN AND WOMEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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 Boston, MA 02114  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400021

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OASIS PUB INC.

DOING BUSINESS A

ADDRESS 77 WASHINGTON ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: CARTER,JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ROOMS ON FIRST FLOOR; CELLAR FOR STORAGE ONLY; WITH ADDITIONAL ENTRANCES ON SOUTH AND NORTH SIDE OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400022

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HALFWAY CAFE, INC

DOING BUSINESS AS THE HALFWAY CAFE

ADDRESS 174 WASHINGTON ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: FORSYTH, KELLY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE IN FRONT, ONE IN REAR FOR SERVICE ONLY IN ONE ROOM AND KITCHEN. BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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 239 Causeway Street  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400023

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEDHAM MIDWAY CORP., THE

DOING BUSINESS AS THE MIDWAY STEAKHOUSE

ADDRESS 269 WASHINGTON ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: JENKS, ROBERT  
A. JR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM WITH BAR, KITCHEN, DINING ROOM, RESTROOMS, THREE ENTRANCES, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400024

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A.C.B.E., INC

DOING BUSINESS AS AULD SOD PUB

ADDRESS 274 WASHINGTON ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: Beatty, Margaret A

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE STORY MASONRY BLDG WITH FIRST FLOOR FOR LOUNGE AND DANCING. 2ND AND 3RD FLOOR AND BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: **027400025** CITY OR TOWN **DEDHAM**  
 APPLICATION FOR RENEWAL: **Annual** LICENSED FOR **2013**  
 CLASS YEAR  
 LICENSEE NAME: **KIKUYAMA, INC.**  
 DOING BUSINESS AS **KIKUYAMA STEAK HOUSE**  
 ADDRESS **346 WASHINGTON ST.**  
 CITY/TOWN: **DEDHAM** STATE: **MA** ZIP CODE: **02026**  
 MANAGER: **LO, WYMAN** TYPE OF LICENSE: **Restaurant** CATEGORY: **All Alcohol**  
 EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:  
**1 STORY MASONRY BLDG WITH ENTRANCE ON WASHINGTON ST. 2 REAR EXITS FROM LOUNGE AND DINING ROOM ON FIRST FLOOR. FUNCTION ROOM LOWER LEVEL; BASEMENT FOR STORAGE.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
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 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400026

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEAUTIFUL FOOD, INC

DOING BUSINESS AS SAGRA RESTAURANT

ADDRESS 910 WASHINGTON ST.

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: BEAMUD, RAFAEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS WITH 2 BARS. 2ND FLOOR, DINING ROOM AND FUNCTION ROOM, OFFICES AND STORAGE. BASEMENT FOR STORAGE AND REFRIGERATION EQUIPMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

\_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
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 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400028

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEDHAM COUNTRY AND POLO CLUB

DOING BUSINESS A

ADDRESS 124 COUNTRY CLUB RD

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: PESCATORE,  
ROBERT C.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 ROOMS, KITCHEN AND BASEMENT, 5 ROOMS ON FIRST FLOOR FOUR ROOMS ON SECOND FLOOR OF THE BUILDING; SPORTS BUILDING, CLUBHOUSE AND REFRESHMENT BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_



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*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400029

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: E. D. LIQUORS INC.

DOING BUSINESS AS EAST DEDHAM LIQUORS

ADDRESS 258 BUSSEY ST

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: RENZI, ROBERT

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ON ONE FLOOR IN TWO ROOMS OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

\_\_\_\_\_

DATE:



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400031

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANTHONY A. FERULLO

DOING BUSINESS AS ANTHONY'S BEER & WINE

ADDRESS 243 BUSSEY STREET

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE, ONE ROOM ON THE FIRST FLOOR AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400032

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G.P.S. ENTERPRISES, INC.

DOING BUSINESS AS GILBERT'S WINE & SPIRITS

ADDRESS 290 WASHINGTON STREET

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: DEVELLIS,  
THOMAS A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FL; APPROX. 1800 S/F AND BASEMENT; FOR SALES, DISPLAY & STORAGE; BASEMENT FOR OFFICE AND STORAGE. ENTRANCE/EXIT AT FRONT OF 1ST FL. AND AT SIDE LEADING TO PARKING LOT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400033

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MORMAX CORPORATION

DOING BUSINESS AS BJ'S WHOLESALE CLUB

ADDRESS 55 EASTERN AVENUE

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: PIRRI, STEVEN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2970 S/F OF RETAIL SPACE W/ MAIN ENTRNCE/EXIT ONTO EASTERN AVE. AND 2ND ENT/EXIT ONTO PROVIDENCE HGWY. STORAGE AND DELIV- ERY AREA ACCESSIBLE BY OVERHEAD DOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400034

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STERI CORP.

DOING BUSINESS AS TERRI'S MARKET

ADDRESS 12 LOUISE ROAD

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: ADAMS, STEVEN S.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

REAR EXIT TO YARD, ONE ROOM ON 1ST FLOOR; REAR ROOM FOR STOCK ONLY, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400035

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RIVERDALE PKG GOODS STORE,INC.

DOING BUSINESS A PLAZA LIQUOR MART

ADDRESS 761 PROVIDENCE PIKE

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: TAURASI,  
PATRICIA E

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR STORE WITH ONE FRONT ENTRANCE CONSISTING OF ONE SALES ROOM,  
ONE STORAGE ROOM IN REAR, AND A REAR EXIT FOR SERVICE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400037

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KH&H LIQUORS INC.

DOING BUSINESS A KH & H LIQUORS

ADDRESS 204 LEGACY BOULEVARD

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: L

MANAGER: ballarano, enzo

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1600 S/F OF SEPARATE RETAIL FLOOR SPACE LOCATED WITHIN COSTCO WAREHOUSE STORE AT 400 COMMERCIAL CIRCLE. 2995 SQ FT WITH AN APPROX. SALES AREA OF 2200 SQ FT WITH NEW BATHROOMS, OFFICE AREA AND STORAGE AREA FOR A FORKLIFT... THE SALES AREA WILL HAVE TWO EXITS PLUS A LOADING DOCK... THE MAIN ENTRANCE IN THE FRONT OF THE STORE WILL BE FOR THE PUBLIC... THE SECOND EXIT WILL BE IN THE REAR OF THE STORE AND WILL BE USED FOR EMPLOYEES ONLY... THERE WILL BE A LOADING DOCK FOR DELIVERIES OF MERCHANDISE IN REAR OF STORE... SALES AREA WILL INCLUDE MODERN SECURITY SYSTEM & CAMERAS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
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 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400038 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: RED HOT, INC.  
 DOING BUSINESS AS ISABELLA'S  
 ADDRESS 556 HIGH STREET  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02158  
 MANAGER: SANTO, FRANK A. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 JR.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 FIRST FLOOR DINING ROOM, BAR, STORAGE IN CELLAR, KITCHEN AND OFFICE... DINING ROOMS HAS ONE EXIT, TAP ROOM, ONE ENTRANCE... BAR HAS TWO ENTRANCES AND TWO EXITS AND THE STORAGE IS IN THE CELLAR... KITCHEN AND OFFICE HAVE ONE EMPLOYER EXIT AND ENTRANCE...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400040 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: DEDHAM LODGE NO. 189 LOYAL ORDER OF MOOSE, INC.  
 DOING BUSINESS A  
 ADDRESS 79 LOWER EAST STREET  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: MULLINIX, THOMAS J. TYPE OF LICENSE: Club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 WOOD FRAME STRUCTURE, KITCHEN, MEMBERS LOUNGE FUNCTION HALL W/  
 EMERGENCY EXIT- FRONT EXIT ENTRANCE REAR KITCHEN EXIT/ ENTRANCE FOR  
 DELIVERIES-BASEMENT FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400041

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PM ENTERTAINMENT GROUP, INC

DOING BUSINESS AS DEDHAM COMMUNITY THEATRE

ADDRESS 580 HIGH ST

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: REYNOLDS,  
SARAH E.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 SCREEN MOVIE THEATRE, 300 SEATS EACH, WITH TWO DOUBLE DOOR EXITS IN EACH LOBBY. CONCESSION STAND WITH SINK, REFRIGERATOR, FREEZER AND STORAGE. ADDITIONAL STORAGE DOWNSTAIRS; LADIES ROOM IN LOBBY AREA; MENS ROOM DOWNSTAIRS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400042 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: CENTRE MARKET OF DEDHAM, INC  
 DOING BUSINESS AS CENTRE DELI  
 ADDRESS 545 HIGH ST  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: CARUSO, ANTHONY J. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 TABLES AND CHAIRS IN FRONT, REGISTER IN MIDDLE, COOKING ON RIGHT SIDE,  
 ENTRANCES AND EXITS IN FRONT AND BACK OF STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400045 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: NATIONAL AMUSEMENTS, INC.  
 DOING BUSINESS AS SHOWCASE CINEMA DELUX@LEGACY & PLACE & STUDIO  
 3 R  
 ADDRESS 950 Providence Highway/200 Elm St  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: HOWLAND, KIM TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 A.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400046

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P.F. CHANG'S CHINA BISTRO INC.

DOING BUSINESS AS P.F.CHANG'S CHINA BISTRO

ADDRESS 410 LEGACY PLACE

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: GOLDEN,  
WILLIAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING WITH PREMISE LOCATED ON SECOND FLOOR, COMPRISING 6964 SQUARE FEET OF INTERIOR SPACE...THREE ENTRANCES/EXITS AND PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
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 239 Causeway Street  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400047

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R & Z GREIGE, INC.

DOING BUSINESS AS TEDESCHI FOOD SHOP

ADDRESS 77 CEDAR STREET

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: GREIGE, ZIAD

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT, BRICK, ONE ENTRANCE AND THREE EXITS, TOTAL SQUARE FEET, 6,000.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400048 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: LEGAL SEA FOODS LLC  
 DOING BUSINESS AS LEGAL SEA FOODS  
 ADDRESS 736 LEGACY PLACE  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: HANNAH, JANE TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL RESTAURANT AND BAR COMPRISED OF ONE ROOM AND FULL KITCHEN OF APPROXIMATELY 6841 SQ. FT. ON THE GROUND FLOOR WITH AN OUTDOOR SEATING AREA OF APPROXIMATELY 400-800 SQ. FT. AS DESCRIBED IN EXHIBIT D OF THE LEASE, WITH MAIN ENTRANCE OFF PARKING LOT AND ON REAR ENTRANCE FROM THE KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400049

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHOLE FOODS MARKET GROUP,INC

DOING BUSINESS A WHOLE FOODS MARKET

ADDRESS 300 LEGACY PLACE

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: Shaheed, Derek

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NO DISCRIPTION

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400050 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: KINGS BOWL OF DEDHAM LLC  
 DOING BUSINESS AS KINGS  
 ADDRESS 600 LEGACY PLACE  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: ROSSMEIS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 JOSHUA A.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

25000 S.F. OF FULL SERVICE RESTAURANT, FULL SERVICE BAR AND BOWLING ALLEY..TOTAL OF 24 LANES....THERE ARE 139 SEATS LOCATED IN THE MAIN DINING AREA....THERE ARE 80 SEATS...THERE IS A FULL SERVICE KITCHEN THAT WILL BE SERVICING THE RESTAURANT AS WEEL AS HAVING WAIT SERVICE THROUGHOUT THE ESTABLISHMENT...THERE ARE SIX SEPARAE EGRESS LOCATIONS INCLUDING LARGE DOUBLE DOORS AT THE MAIN ENTRY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400051

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SMJ AQUITAINE DEDHAM INC.

DOING BUSINESS AS AQUITAINE

ADDRESS 500 LEGACY PLACE

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: GLIONNA,  
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3862 SF OF FIRST FLOOR RESTAURANT SPACE AT LEGACY PLACE WITH A MAIN FRONT ENTRANCE/EXIT, 2 SIDE ENTRANCES/EXITS AND A REAR RECEIVING DOOR...INCLUDES FIRST FLOOR DINING, BAR AND OUTDOOR PATIO AREAS, WALK IN COOLER AND STORAGE AND MEZZANINE OFFICE AND STORAGE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400052

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YARDHOUSE DEDHAM LLC

DOING BUSINESS AS YARDHOUSE

ADDRESS 200 LEGACY PLACE

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: DAZZO,  
STEPHANI ANN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

10,000 SF END CAP SPACE WITH 630 SF PATIO AT THE EAST END OF BUILDING A WITHIN LEGACY PLACE CENTER..PRINCIPLE ENTRY IS AT SOUTH FACING STORE FRONT AT SOUTH EAST CORNER...THERE IS A SINGLE DOOR ON TO THE PATIO LOCATED ON THE SOUTH ELEVATION WITH TWO MORE EMERGENCY EXITS FROM THE DINING ROOM ALONG THE EAST ELEVATION...THERE IS ALSO AN ADDITIONAL SERVICE ENTRANCE AT THE REAR OF THE PREMISES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027400053 CITY OR TOWN DEDHAM
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
CLASS YEAR
LICENSEE NAME: THE METROPOLITAN CLUB,INC
DOING BUSINESS AS MET BAR & GRILL DEDHAM
ADDRESS 400 LEGACY PLACE
CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026
MANAGER: ZENESKI,STEPHEN TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS: [Redacted]

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 6,000 SQ. FT. OF FIRST FLOOR SPACE OF LEGACY PLACE PLUS AN OUTDOOR PATIO AREA USED FOR AN UPSCALE CASUAL DINING REST., INCLUDING SEATING, BAR, STORAGE AND OFFICE. EXITS AND ENTRANCES AT FRONT AND REAR.

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

[Redacted Signature Box]

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
(Note: NOT Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:
APPROVED: [ ]
DISAPPROVED: [ ]
(If disapproved explain)

LOCAL LICENSING AUTHORITY
By:
[ ]
[ ]
[ ]

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027400054

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: XENOTON SOUNTOULIDIS

DOING BUSINESS AS KOUZINA ESTIATORIO

ADDRESS 557 HIGH STREET

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: SOUNTOULIDIS, XENOTON

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

[Empty text box for email address]

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 950 SQ FT WITH 16 SEATS...THE FRONT DOOR ENTRANCE/EXIT IS LOCATED ON HIGH STREET...AN EMERGENCY/DELIVERY REAR DOOR EXITS TO A PARKING LOT WITH ACCESS TO WASHINGTON AND HARRIS STREET

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

[Empty text box for signature]

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: NOT Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: [checkbox]

DISAPPROVED: [checkbox]

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

[Three horizontal lines for signature]

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400055

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DISTRICT CONVENIENCE,INC.

DOING BUSINESS A DISTRICT CONVENIENCE

ADDRESS 380 WASHINGTON STREET

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: MAKARIOS,  
PERRY T.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONTAINING APPROX. 1,400 SQ. FT. AT STREET LEVEL WITH MAIN ENTRANCE AT FRONT  
AND EMERGENCY EXIT IN REAR, WITH STORAGE IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400056 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: WICKED RESTAURANT DEDHAM, INC.  
 DOING BUSINESS AS WICKED FIRE DISSED PIZZA  
 ADDRESS 660 LEGACY PLACE  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: CATANIA, ZACHARY ROBERT TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 BUILD OUT OF FULL SERVICE RESTAURANT INCLUDING KITCHEN, BATHROOMS, COOLERS, BARS, ETC.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY  
 Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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 239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400057 CITY OR TOWN DEDHAM  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: ARCHAIA FOOD SERVICE, INC.  
 DOING BUSINESS AS DEDHAM HOUSE OF PIZZA  
 ADDRESS 376 WASHINGTON STREET  
 CITY/TOWN: DEDHAM STATE: MA ZIP CODE: 02026  
 MANAGER: PANAGOPOULOS, TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular  
 MARIA

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 PREMISES CONTAINS 1,500 SQ FT OF LEASED SPACE, PLUS STORAGE AREA IN THE BASEMENT. 60% OF LEASED SPACE IS USED FOR GRILL, OVENS, FREEZER AND COUNTER SPACE, 40% OF THE LEASED SPACE IS USED FOR SEATING AT TABLES AND AN AREA FOR PLACING FOOD ORDERS BY THE GENERAL PUBLIC.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY  
 Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400058

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GENKI ENTERPRISES INC.

DOING BUSINESS AS GENKI

ADDRESS 202 LEGACY PLACE

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: CHEN, JACK  
SHUYI

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2017 SQ FT OF FLOOR AREA ON THE FIRST FLOOR IN THE BUILDING WHICH IS PART OF THE SHOPPING CENTER KNOWN AS LEGACY PLACE...ONE FRONT ENTRY AND ONE BACK EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027400059

CITY OR TOWN DEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARK VIDEO CO

DOING BUSINESS AS PARADISE CAFÉ

ADDRESS 565 HIGH STREET

CITY/TOWN: DEDHAM

STATE: MA

ZIP CODE: 02026

MANAGER: KOUSHAN, ALI

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3000 SQ FT CAFÉ WITH ENTRANCE IN FRONT AND REAR..TWO HANDICAPPED RESTROOMS..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: